

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450, on the date indicated below.

October 5, 2004
Date

Melanie S. Jernberg
Melanie S. Jernberg

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Clark F. Dexter
 Art Unit : 3724
 Appln. No. : 09/586,943
 Applicant : Perry R. DeYoung
 Filing Date : June 2, 2000
 Confirmation No. : 6561
 For : AUTOMATIC COVER LATCH AND PRESSURE RELIEF SYSTEM FOR A DOUGH DIVIDER

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment After Appeal in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*66	Minus	**66	=0	x \$9	\$0	x \$ 18	\$
Independent Claims	*9	Minus	***6	=3	x \$44	\$132	x \$ 88	\$
First Presentation of Multiple Dependent Claims \$150					\$0	x \$300	\$	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$132			\$

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Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. No additional fee is required.
3. A check in the amount of \$132.00 is attached.
4. Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

10/15/04
Date

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MPD/msj

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P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

AMENDMENT AFTER APPEAL

Please amend the above-identified application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 15 of this paper.